



# COLORADO EMS EDUCATION PROGRAM RECOGNITION APPLICATION



Colorado Department of Public Health and Environment  
Emergency Medical and Trauma Services  
HFEMSD-A2  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530

(303) 692-2980 office

(303) 691-7720 fax

www.coems.info

To complete this form, using a computer, tab from one field to the next and enter data. Save completed form.  
To complete this form manually, print the blank form and write or type clearly.

Please mark all levels of program recognition for which this application form applies.

## EMTS USE ONLY

EMT Education Center	(initial training, refresher and/or CE topics)	Exp. Date: _____
EMT Education Group	(refresher courses and/or CE topics)	Exp. Date: _____
EMT IV Education Group	(intravenous therapy for the EMT)	Exp. Date: _____
AEMT Education Center	(refresher courses and/or CE topics)	Exp. Date: _____
AEMT Education Group	(refresher courses and/or CE topics)	Exp. Date: _____
EMT-Intermediate Education Center	(initial training, refresher and/or CE topics)	Exp. Date: _____
EMT-Intermediate Education Group	(refresher courses and/or CE topics)	Exp. Date: _____
Paramedic Education Center	(initial training, refresher and/or CE Topics)	Exp. Date: _____
Paramedic Education Group	(refresher courses and/or CE topics)	Exp. Date: _____

Mark the type of application: (check one)

Initial Application	(first time)
Application Update	(for above marked recognition levels)

## Education Program Information

Program Name: \_\_\_\_\_

Program #: CO - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: CO

Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Fax Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Key Contact Person for Program: \_\_\_\_\_

EMS Program website (if available): \_\_\_\_\_

## EMTS Program Use Only

Date Received: \_\_\_\_\_

Date Returned (if necessary): \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned (if necessary): \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**KEEP A PHOTO COPY OF THIS COMPLETED FORM FOR YOUR RECORDS**

Counties Served by Program		
1.	6.	
2.	7.	
3.	8.	
4.	9.	
5.	10.	

Education Program Personnel		
<b>Education Program Director(s)</b> <b>A minimum of 1 is required</b> (individuals may also fill other positions for which they are qualified)		
Name:		
Mailing Address:		
City:	State:	Zip Code:
Primary Phone:	Other Phone:	
Fax Phone:	EMAIL:	
Name:		
Mailing Address:		
City:	State:	Zip Code:
Primary Phone:	Other Phone:	
Fax Phone:	EMAIL:	
<b>Education Program Medical Director(s)</b> <b>A minimum of 1 is required</b> (individuals may also fill other positions for which they are qualified)		
Name:	CO License #:	
Mailing Address:		
City:	State:	Zip Code:
Primary Phone:	Other Phone:	
Fax Phone:	EMAIL:	
Name:	CO License #:	
Mailing Address:		
City:	State:	Zip Code:
Primary Phone:	Other Phone:	
Fax Phone:	EMAIL:	

*Please remember to update your profile in CEMSIS.*  
*If you do not have a profile, please follow this link to establish a*  
*username and password: [www.cemsis.com](http://www.cemsis.com)*

Education Program Personnel Roster	
Name:	Contact Phone:
Name:	Contact Phone:
Name:	Contact Phone:
Name:	Contact Phone:
Name:	Contact Phone:
Name:	Contact Phone:
Name:	Contact Phone:
Name:	Contact Phone:
Name:	Contact Phone:
Name:	Contact Phone:

Please attach additional pages if necessary.

- ***Please remember to update your profile in CEMSIS.***  
***If you do not have a profile, please follow this link to establish a username and password:***  
[www.cemsis.com](http://www.cemsis.com)

- **For questions or assistance with this application please contact:**  
Joni Briola, EMTS Education and Practice Coordinator  
(303) 692-2989  
[Joni.briola@state.co.us](mailto:Joni.briola@state.co.us)

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